be utilized in clinical practice. The analytic framework in this comparative effectiveness analysis demonstrated the Coaguchek XS device to have a significantly higher level of agreement with the core lab compared to the Hemochron device. This analysis led our institution to select the Coaguchek XS for use in our anticoagulation clinics on the basis of a superior quality and safety profile.

PCV15

BLOOD PRESSURE GOAL ACHIEVEMENT AMONG HYPERTENSION PATIENTS TREATED WITH VALSARTAN-BASED SINGLE PILL COMBINATION VS. ARB-BASED FREE COMBINATION IN SOUTH CENTRAL REGION

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OBJECTIVES: To compare blood pressure (BP) goal achievement associated with the use of valsartan-based single pill combination (SPC) vs. ARB-based free combination (FC) among adult hypertension patients in South Central region (TX, AL, MS, LA, KS, TN, MO, AR & OK). **METHODS:** Data were collected from physician-administered chart review of adult hypertension patients. All patients had uncontrolled BP before initiating one of the index therapies (SPC: valsartan+amlodipine or valsartan+HCTZ, FC: ARB+CCB or ARB+HCTZ) between 07/2008 and 06/2009. Up to 3 BPs were collected starting from 45 days after the therapy initiation. BP goal was <130/80 mmHg for patients with diabetes, chronic renal disease or coronary heart disease; or <140/90 mmHg for patients without these comorbidities. Kaplan-Meier method with log-rank test was used to compare rates of BP goal achievement associated with SPC vs. FC over time. Cox proportional hazard models were used to estimate the likelihood of BP goal achievement associated with SPC vs. FC, controlling for demographics, baseline BP, hypertension history, comorbidities, prior and concurrent use of anti-hypertensive medications, and physician specialty. **RESULTS:** The chart review included 813 patients: 415 on SPC (210 valsartan+amlodipine and 205 valsartan+HCTZ) and 398 on FC (200 ARB+CCB and 198 ARB+HCTZ). In FCs, the most commonly used ARB and CCB were valsartan (29.1%) and amlodipine (81.5%), respectively. The rates of BP goal achievement were higher among SPC vs. FC patients over time ($p = 0.007$): 30.5% vs. 28.3% at month 3 and 63.4% vs. 53.8% at month 6. Cox regression confirmed that SPC patients were more likely to achieve BP goal (HR = 1.22; $p = 0.047$). Similar trend was observed in the subgroup analyses comparing SPC valsartan+amlodipine vs. FC ARB+CCB and SPC valsartan+HCTZ vs. FC ARB+HCTZ separately. **CONCLUSIONS:** Patients using valsartan-based SPC were more likely to achieve BP goal than those treated with ARB-based FC.

PCV16

AN ASSESSMENT OF OPTIMAL LIPID VALUE ATTAINMENT AND ASSOCIATED DYSLIPIDEMIA TREATMENT PATTERNS FROM 2005 TO 2009 IN A COMMERCIALLY INSURED POPULATION

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OBJECTIVES: Evidence-based guidelines for dyslipidemia therapy have provided definitive goals for low-density lipoprotein cholesterol (LDL-C) and triglycerides (TG) and suggested abnormal values for high-density lipoprotein cholesterol (HDL-C). The study objective was to determine lipid value attainment and dyslipidemia treatment rates. **METHODS:** Adult patients with two or more complete lipid panels from January 2005 through February 2009, regardless of dyslipidemia therapy, were identified from the US nationally-representative HealthCore Integrated Research Database™ (HIRD). Cardiovascular risk status was assigned based on National Cholesterol Education Program (NCEP) criteria. Optimal lipid value (target) attainment was defined using NCEP, American Heart Association, and American Diabetes Association criteria. Target attainment for LDL-C, HDL-C and TG and lipid therapy treatment patterns are described. **RESULTS:** A total of 227,903 patients were identified (mean follow-up = 1.9 years). At index lab, 21.1% of patients were at target for all three lipid fractions, 11.9% had no lipid fractions at target, 66.3% were at LDL-C target and 63.6% were not at target for either HDL-C or TG. Regardless of initial lipid fractions, only 28.7% of patients attained target over follow-up in all three lipid fractions. In patients with no lipid fractions at target at index, only 6.8% attained target for all lipid fractions and almost a third (31.9%) stayed at no lipid fractions at target; 44.4% of patients were receiving lipid-modifying therapy as of the last lipid lab (up from 33.0% at index), with twice as many on therapy attaining all targets versus no targets (66.6% vs. 29.0%). Statins were the most commonly used therapy (35.8%). **CONCLUSIONS:** Challenges to mixed dyslipidemia therapy still exist as evidenced by a minority of patients attaining optimal lipid values during the very recent timeframe of this study. These data may serve as valuable baseline benchmarks to evaluate the impact of new dyslipidemia guidelines and therapies.

PCV18

COST-UTILITY ANALYSIS OF TWO KINDS OF THERAPY FOR ACUTE ISCHEMIC STROKE

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OBJECTIVES: Mortality of Stroke in China is highest in the world, having brought a heavy financial burden to society. And the number of acute Ischemic Stroke accounted for 75% of the total cases. This study wants to evaluate the treatment program to find a better cost effectiveness treatment to offer reference for patients and clinicians choosing the right treatment. **METHODS:** A total of 145 cases with acute Ischemic Stroke during a period of 2007 –2008 admitted in 21 hospitals in China were divided randomly into two groups. One group of 69 patients was treated by Butylphthalide sodium chloride injection and Aspirin, another group of 66 patients were treated by Ozagrel injection and Aspirin. Two kinds of therapy were evaluated by double-blind, double-dummy trial from patients' perspective. Utility of patients was investigated with EQ-5D.Direct costs were collected from HIS and questionnaires, indirect costs were estimated based on the opportunity cost of the time for caring and curing. Probabilistic sensitivity analysis using nonparametric Bootstrapping was done. **RESULTS:** From the EQ-5D score we can learn that the improved values of Butylphthalide group score during 8–14 days and 15–90 days are higher than that of Ozagrel group, the average cost per QALY (Quality-Adjusted Life-year) of a patient for Butylphthalide group (RMB 225,753.4) was lower, with RMB 11,706.3, than Ozagrel group (RMB 237,459.7), and incremental costs were RMB 451,710.5[95%CI, RMB 218,689.55–1080, 313.05]. The acceptability curve generated from the ICUR can be seen the possibility of Ozagrel group having the cost –effectiveness advantage is zero if the willingness to pay per QALY is lower than RMB 192,000.**CONCLUSIONS:** Switching from the current programmed to Butylphthalide group is more cost-effective as compared to Ozagrel group.

PCV19

CLINICAL AND ECONOMIC IMPACT OF A PROGRAM COMBINING COMPREHENSIVE LIPID PROFILING WITH A HEART DISEASE TREATMENT PROTOCOL

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OBJECTIVES: To evaluate the effectiveness of a comprehensive lipoprotein profile (VAP) test coupled with an aggressive treatment protocol when compared to a standard lipid profile test in patients with ischemic heart disease (IHD) or congestive heart failure (CHF). **METHODS:** All WellMed health plan enrollees with a diagnosis of IHD or CHF who had continuous enrollment between July 1, 2006 and June 30, 2008 were identified. The case group (n = 1767) having at least one VAP test during this period was compared with the control group (n = 289) having no lipid testing or traditional lipid testing only. Univariate statistics were analyzed to describe the groups, and bivariate statistical tests (t-test or chi-square) examined differences between the two cohorts. **RESULTS:** Use of a treatment protocol in conjunction with a VAP test resulted in a significant decrease in LDL (–6.64 mg/dL, <0.001) as well as an increase in HDL (3.95 mg/dL, <0.001). Individuals in the control group saw a significant decrease in LDL (–6.14 mg/dL, 0.002) but did not see a significant change in HDL (–1.21 mg/dL, 0.076). Combination drug therapy was more commonly used for cases when compared to controls (average drug types 2.1 vs. 1.8, 0.0004); particularly, the use of niacin containing products was considerably higher in the case group when compared to the control group (36% vs. 14.4%, <0.0001). Mean total costs in year 1 ($4,308 vs. $5,141, 0.1157) and year 2 ($4,853 vs. $7,413, 0.0255) were lower for cases. **CONCLUSIONS:** Greater utilization of combination therapy guided by the VAP test appears to better manage IHD and CHF patients to NHLBI ATP III HDL and LDL targets than controls receiving usual care guided by traditional lipid testing. Advanced lipid profile tests appear to offer clinicians better information about their patients' lipid abnormalities when compared to traditional testing.

PCV20

VENOUS THROMBOEMBOLIC COMPLICATIONS IN BURN PATIENTS RECEIVING HEPARIN OR ENOXAPARIN AS PROPHYLAXIS

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OBJECTIVES: To examine the comparative effectiveness of heparin 5000 units given subcutaneously twice a day or three times a day, enoxaparin 30 mg given subcutaneously twice a day, and enoxaparin 40 mg given subcutaneously daily for the prevention of venous thromboembolism in burn patients. **METHODS:** A retrospective cohort study was conducted by using the hospital claims database. All adult patients were included if they were admitted to Shands hospital between January 1, 1998 and September 30, 2008, had primary diagnoses of burn, and received either subcutaneous heparin or enoxaparin for VTE prophylaxis. The primary outcome was a VTE event, which was identified by using a previously validated ICD-9 coding algorithm and further confirmed by chart review for radiographic evidence. **RESULTS:** A total of 1111 patients were included. Seven patients (0.63%) experienced VTE events: 5 (0.83%) received heparin, 1 (0.92%) received enoxaparin 30 mg, and 1 (0.25%) received enoxaparin 40 mg. There were no incidences of heparin-induced thrombocytopenia identified in any group. **CONCLUSIONS:** The VTE incidence is low in burn patients receiving pharmacological prophylaxis. Both heparin and enoxaparin appear to be equally effective in preventing VTE complications in this patient population.

PCV21

A BENEFIT-RISK ASSESSMENT OF USING CYP2C19 GENOTYPE INFORMATION TO GUIDE ANTIPLATELET THERAPY IN PATIENTS WITH ACUTE CORONARY SYNDROME

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OBJECTIVES: To quantitatively assess the potential benefits and harms of using reduced-function *CYP2C19* genotype information to guide the use of the antiplatelet